

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name District Name Legal Entity Number County Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 31 17.8 71 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9336 1530 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0310 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by

the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and tl	he
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.	

Signature - Chair, Board of Trustees		Date	

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area assigned to it by the equity Transportation committee.	
Signature - Chair, County Transportation Committee	Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev							
Due Dates All Routes		To Cou Octobe	inty Supt er 1	To OPI October 15		tate Per Mile §1.57	
County Name		County Number	District Name			Legal Entity Number	
Flathead		15	Kalispell Pu	blic Schools		0310 0311	
Route #	Length of Route	(miles per day)	Type of Service	e □ Bus Route Mile □ Non Bus Milea		Rated Capacity	
16	18		Bus Route N			71	
Vehicle I.D. #	License #		District Owned		ontractor O		
4532	1848		Contract - If soContracted rat	o, Name of Owner F te per mile	isher Irans	portation —	
Reimbursement Distribution- En	ter the legal entity	number and percentage o must mate		mbursement to be pa	id to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity		Legal Entity	1	
0310	03	311					
% 50.00	% 50.	.00	%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL R (Grades 9-1)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be eligible)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date		
This Application for Registration area assigned to it by the Count	of School Bus and y Transportation C						
Signature - Chair, County Transporta	ation Committee				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2004 - 2005

This form is required in accordar receives state reimbursement ev					one form for ea	ch bus route that	
Due Dates		To Co	unty Supt	To OPI	R	ate Per Mile	
All Routes	•	Octob		October 15	\$	1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Flathead		15	Kalispell	Public Schools		0310 0311	
Route #	Length of Route		Type of Ser	rvice Bus Route Mi	leage	Rated Capacity	
32	20.7		Bus Rout	□ Non Bus Mile te Mileage		71	
Vehicle I.D. #	License #		□ District Ow		District Owne	ed	
9908	1468			If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity		ch budget! Legal Entity	,	Legal Entity		
0310		,					
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL	RIDERS	TOTAL	
Number of Preschool/Kindergart this route	en pupils riding	(Grades PK-	8)	(Grades 9-	12)	ELIGIBLE RIDERS	
		a NUMBER		b NUMBEF	2	с a + b	
Regular (include eligible Preschool/K	indergarten riders)	NONBER		NOMBEL		arb	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unonresident and no attendance agree							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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		ommittee Approval as re					
This Application for Registration area assigned to it by the Count			as been reviev	wed and I certify that this	s bus operates v	within the transportation	
Signature - Chair, County Transporta	<u> </u>				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

Due Dates: All Routes To County Supt To OP October To OP S1.57	This form is required in accorda receives state reimbursement e							
Flathead						l		
Route # Length of Route (miles per day) 29 20.7 Vehicle I.D. # License # License # License # Debt Route Mileage Bus Route Mileage Bus Route Mileage District Owned Dist	County Name		County Number	District Na	me		Legal Entity Number	
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 29 20.7 Bus Route Mileage 77 78 78 78 78 78 78 7	Flathead		15	Kalispell	Public Schools		0310 0311	
29 20.7 Bus Route Mileage 77	Route #	Length of Rou			ervice Bus Route Mi			
Vehicle I.D. # Liense # District Owned District Owned Gontract II so, Name of Owner Gontracted rate per mile	29	20.7		Bus Rou		age	77	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must march budget! Legal Entity	Vehicle I.D. #	License	<i>‡</i>	1 .		District Own	ed	
Legal Entity 0310 We 100.00 We 96 PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding (Grades PK-8) Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Preschool/Kindergarten riders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Preschool/Kindergarten riders to be eligible) (include enligible) Preschool/Kindergarten riders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such resports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as eastellahed by the Board of Public Evaluation, in Mediatra Highway Patrol and the State Superintendent; to make such resports to the State Superintendent as are required to provide a vehicle which meets the minimum standards as eastellahed by the Board of Public Evaluation, in Mediatra Highway Patrol and the State Superintendent's copy of the agreement between Boards, 20-10-126, MCA. We agree to supervision of this bus and bus route by the State Superintendent's copy of the agreement between Boards, 20-10-126() MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of the document. We agree that if this route crosses district lines and transports students from outside the district, a	9658	1283						
Legal Entity 0310 % 100.00 % % % **SASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding his route **Regular (include eligible Preschool/Kindergarten riders) Ist Wheelschair (WC) 2nd Wheelschair (WC) Additional Wheelschairs (WC) **ANUMBER **TOTAL ELIGIBLE RIDERS **Anumber of Preschool/Kindergarten riders) Ist Wheelschair (WC) **Anumber of Preschool/Kindergarten riders) **Interpretation of the state of	Reimbursement Distribution- Er	nter the legal ent			y reimbursement to be p	aid to each dis	strict. Note: Percentages	
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			Committee.			Date		



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Due Date All Routes		To Co Octol	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Flathead		15	Kalispell	Public Schools		0310 0311	
Route #	Length of Route	(miles per day)		rvice Bus Route Mil		Rated Capacity	
23	22.2		Bus Rout	□ Non Bus Milea te Mileage	ige	71	
Vehicle I.D. #	License #		□ District Ow		ontractor C	Dwned	
1074	1481			If so, Name of Owner E I rate per mile	Bibb Bus Lir	nes 	
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0311	Legal Entity		Legal Entity	,	Legal Entit	у	
% 100.00	%		%		%		
PASSENGER INFORMATION	7.					_	
Number of Preschool/Kindergar this route	rten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER	1	b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kindergarten riders)	HOMBEN	<u> </u>	NOMBER		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)	eement that would o be eligible) garten riders)						
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Signature - Chair, Board of Trustees		mi alo danopoladion sei	1.00 0.00 00019	inos by the obuing trans	Date		
County This Application for Registration area assigned to it by the County	of School Bus and						
Signature - Chair, County Transport	ation Committee				Date		



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Helena, MT 59620-2501 School Year 2004 - 2005

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This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
		ŭ			F	Rate Per Mile
Due Date All Routes		Octol	ounty Supt per 1	To OPI October 15	:	\$1.57
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	Kalispell	Public Schools		0310 0311
Route #	Length of Route		Type of Ser	rvice Bus Route Mil		Rated Capacity
12	24.8		Bus Rout	□ Non Bus Milea te Mileage	age	71
Vehicle I.D. #	License #		□ District Ow		Contractor C	Owned
7098	1962		□ Contract - I□ Contracted		Berry Trans	portation & Leasing
Reimbursement Distribution- Er	ter the legal entity		of state/county	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0311	Legal Entity		Legal Entity	,	Legal Entity	у
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV	NDED 0			TOTAL
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER	<u> </u>	b NUMBER	<u> </u>	c a + b
Regular (include eligible Preschool/h	Kindergarten riders)					
1st Wheelchair (WC)						
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I certify that this application for it bus operates on the route as ap	•			•	•	•
Signature - Chair, Board of Trustees	. ,	mi die dansportation sei	vice alea assig	nica by the county Hall	Date	
County This Application for Registration area assigned to it by the County Signature - Chair, County Transports	of School Bus and y Transportation C					
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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 13 41.9 71 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Berry Transportation & Leasing 5791 **KIDS** Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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Signature - Chair, County Transportation Committee



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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e								
Due Date All Routes			To C Octo		nty Supt	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number		District Nan	ne		Legal Entity Number
Flathead			15		Kalispell	Public Schools		0310 0311
Route #	Length of	f Route ((miles per day)			vice Bus Route Mi Non Bus Mile		Rated Capacity
33b	44				Bus Rout	e Mileage	age	51
Vehicle I.D. #	Lice	ense #			District Ow		District Own	ed
5248	154	48				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	gal Entity		natcr	n budget! Legal Entity		Legal Entit	ry .
0310								
% 100.00	c	%			%		%	
PASSENGER INFORMATION		70			70		70	_
Number of Preschool/Kindergar this route	ten pupils r	riding	ELEMENTARY (Grades PI		-	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		•	a NUMBE	R		b NUMBEF	?	c a + b
Regular (include eligible Preschool/h	Kindergarten	riders)	NOMBL			NOWBE		d i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
nonresident and no attendance agree otherwise allow nonresident riders to	Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) ((Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
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Signature - Chair, Board of Trustees	3						Date	
County This Application for Registration area assigned to it by the County	of School	Bus and	State Reimbursement			ordance with Section 2 yed and I certify that this		
Signature - Chair, County Transport	ation Commi	ittee					Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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Signature - Chair, County Transportation Committee



Date

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Signature - Chair, County Transportation Committee



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 20 53.6 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Kiddie Coach 8945 1486 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0310 0311 50.00 % 50.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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receives state reimbursement ev		ortees of another legal enti					
Due Dates	:	To County Supt To OPI			Rate Per Mile		
All Routes	Octobe	er 1	October 15	\$	51.80		
County Name		County Number	District Nam	ne		Legal Entity Number	
Flathead		15		Public Schools		0310 0311	
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mil		Rated Capacity	
2	70		Bus Route	□ Non Bus Milea e Mileage		88	
Vehicle I.D. #	License #		District Own		Contractor O		
4145	BUS2		Contract - IContracted	f so, Name of Owner \ rate per mile	/an Rinsum	Buses	
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity	must mate	Legal Entity		Legal Entity	,	
0311			,		,		
% 100.00	%		%		%		
PASSENGER INFORMATION	,,		70		70		
Number of Preschool/Kindergart	en pupils riding	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL I (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		а		b		С	
Regular (include eligible Preschool/K	indergarten riders)	NUMBER		NUMBER	(a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unonresident and no attendance agree otherwise allow nonresident riders of (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved by and with	nin the transportation servi	ce area assigi	ned by the County Trans	sportation Com Date	ımıttee.	
			_				
This Application for Registration	of School Bus and						
area assigned to it by the County Signature - Chair, County Transporta		committee.			Date		



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PASSENGER INFORMATION PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding this froute Regular (include eligible Preschool/Kindergarten riders) 1st County Supt October 1 To County Supt To Cole (Grades 94-12) To Cole 1 To Cole 1 District Name	This form is required in accordance v receives state reimbursement even the						
Flathead 15							
Route # Length of Route (miles per day) Type of Service	County Name		County Number	District Nan	ne		Legal Entity Number
Route # Length of Route (miles per day) 75 Bus Route Mileage Non Bus Mileage Sated Capacity Survival Survival Mileage Non Bus Mileage Survival Mileage	Flathead		15	Kalispell	Public Schools		0310 0311
Vehicle I.D. #	Route # Len	ngth of Route			rvice Bus Route Mi		
District Owned	10 75			Bus Rout		age	31
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0311 ELGAL Entity 041 ELIGIBLE RIDERS 011 Indigular Entity 0311 Legal Entity 0311 ELIGIBLE RIDERS 012 ELIGIBLE RIDERS 013 Indigular Entity 0311 Indigular Entity 0311 Legal Entity 031	Vehicle I.D. #	License #		•		District Own	ed
Legal Entity	5023	1549					
Legal Entity 0311 Legal Entity 0311 Legal Entity 0311 Legal Entity Legal Entity Le	Reimbursement Distribution- Enter th	ne legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding this route Canades PK-8		Legal Entity			/	Legal Entit	у
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Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.		oupils riding		_		_	_
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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 64.9 72 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Ron Dyer 4141 1846 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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Signature - Chair, County Transportation Committee



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County Name

Flathead

Vehicle I.D. #

Legal Entity

%

this route

Route #

0252

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

1 copy School District School Year 2004 - 2005 receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Number District Name Legal Entity Number Kalispell Public Schools 0310 0311 Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 85 72 **Bus Route Mileage** License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Ron Zimmerman 2752 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity 0311 100.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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1 copy State Supt.1 copy County Supt.1 copy School District

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Signature - Chair, County Transportation Committee



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Helena, MT 59620-2501 School Year 2004 - 2005

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This form is required in accordar receives state reimbursement ev					one form for ea	ch bus route that
Due Dates	0 1	0	ounty Supt	To OPI	R	ate Per Mile
All Routes	•	Octob		October 15	\$	1.80
County Name		County Number	District Nan	ne		Legal Entity Number
Flathead		15	Columbia	a Falls Pub Schls		0312 0313
Route #	Length of Route		Type of Sei	rvice Bus Route Mi	leage	Rated Capacity
7	31.4		Bus Rout	□ Non Bus Mile te Mileage		84
Vehicle I.D. #	License #		□ District Ow		District Owne	ed
4201	7836			If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Entit		tch budget! Legal Entity	,	Legal Entity	
0312	0.	313				
.,	2/ 22				0.6	-
% 67.00 PASSENGER INFORMATION	% 33	.00	%		%	
		ELEMENTARY R	_	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergart this route	en pupils riding	(Grades PK-	-8)	(Grades 9-	12)	ELIGIBLE RIDERS
		а		b		C
Regular (include eligible Preschool/K	(indergarten riders)	NUMBER		NUMBER	₹	a+b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unnorresident and no attendance agree						
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area assigned to it by the Count	y Transportation (ias beell leviev	wed and receiving that this	s bus operates t	within the transportation
Signature - Chair, County Transporta	ation Committee				Date	



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Due Dates: To			County Supt To OPI		ŀ	Rate Per Mile
All Routes		Octobe	er 1	October 15		\$1.80
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	Columbia	a Falls Pub Schls		0312 0313
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mile		Rated Capacity
15	31.8		Bus Rout	□ Non Bus Milea te Mileage	ge	84
Vehicle I.D. #	License #		☐ District Ow	ned D	istrict Own	ed
9161	7989		□ Contract - I□ Contracted	If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	ter the legal entity		of state/county ch budget!	reimbursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	Legal Entit	У	Legal Entity	,	Legal Entity	/
0312	C	313				
% 67.00	% 33	3.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergart	en pupils riding	ELEMENTARY RI (Grades PK-8	_	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a		b		C .
Regular (include eligible Preschool/K	(indergarten riders)	NUMBER		NUMBER		a + b
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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordareceives state reimbursement e								
Due Date All Routes			To C Octo		nty Supt r 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District Nan	пе		Legal Entity Number
Flathead			15		Columbia	Falls Pub Schls		0312 0313
Route #	Length of	Route (miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity
3	33.6				Bus Rout	□ Non Bus Mile e Mileage	age	72
Vehicle I.D. #	Licer	nse #			District Ow	ned [District Own	ned
6993	792	29				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity		natc	h budget! Legal Entity		Legal Entit	ty
0312		03	313					
% 67.00	%	% 33.0	00		%		%	
PASSENGER INFORMATION		0 33.	00		70		70	
Number of Preschool/Kindergar	rten pupils ri	iding	ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		-	a NUMBE	P		b NUMBEF)	c a + b
Regular (include eligible Preschool/l	Kindergarten i	riders)	NONBE			NOWBE	<u> </u>	a i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that we be eligible)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration	n of School E	Bus and	State Reimbursement			ordance with Section 2 ved and I certify that this		
area assigned to it by the Coun Signature - Chair, County Transport			ommittee.			-	Date	
5							1	



1 copy State Supt. 1 copy County Supt. 1 copy School District

PO Box 202501
Helena, MT 59620-2501

State Reimbursement
School Year 2004 - 2005

This form is required in accordance with Title 20. Chapter 10. Part 1. MCA. School district official must complete one form for each

This form is required in accorda receives state reimbursement e						one form for ea	ch bus route that
Due Dates	_		•	unty Supt	To OPI	R	ate Per Mile
All Routes			Octobe		October 15	\$	\$1.57
County Name			County Number	District Nan	ne		Legal Entity Number
Flathead			15	Columbia	a Falls Pub Schls		0312 0313
Route #	Length of R	Route	(miles per day)	Type of Ser	vice Bus Route Mil	eage	Rated Capacity
25	34.4			Bus Rout	□ Non Bus Milea e Mileage		78
Vehicle I.D. #	Licens	se#		☐ District Ow		District Owner	
6756	902				If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	iter the legal	entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages
Legal Entity	Legal	Entity		ch budget! Legal Entity	,	Legal Entity	/
0312			313	,			
% 67.00	%	33.	.00	%		%	
PASSENGER INFORMATION			ELEMENTARY RI	DERS	HIGH SCHOOL I	RIDERS	TOTAL
Number of Preschool/Kindergar this route	ten pupils rid	ing	(Grades PK-8	3)	(Grades 9-1	12)	ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/h	Kindergarten rid	ders)				-	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)						
Nonpublic School Riders (ineligible)	,,						
TOTAL RIDERS							
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	.	^			and an arrival of the	0.40.400.100	
This Application for Registration area assigned to it by the Count	of School Bu	us and					
Signature - Chair, County Transporta	<u> </u>					Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Flathead Columbia Falls Pub Schls 0312 0313 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 21 35.2 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 3959 891 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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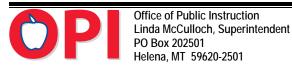


Date

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Date

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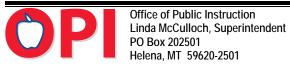
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1 copy State Supt. 1 copy County Supt. 1 copy School District

Due Dates: All Routes To County Supt October 1 To OPI October 15 S1.57 County Name County Name County Name County Name Flathead 15 Columbia Falls Pub Schls 0312 0313 Route # Legal Entity Number 15 Columbia Falls Pub Schls 0312 0313 Route # Legal Entity Number 15 Bus Route Mileage 10 District Owned 11 District Name 11 District Name 11 District Name 12 District Owned 13 District Owned 14 District Owned 15 District	This form is required in accorda receives state reimbursement e					one form for e	ach bus route that
Flathead 15 Columbia Falls Pub Schls 0312 0313 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 12 26 Bus Route Mileage Rated Capacity 26 Contract - If so, Name of Owner 27 Contract - If so, Name of Owner 4417 1100 District Owned Contract - If so, Name of Owner 28 Contract - If so, Name of Owner 30 Contract - If so, Name of Owner 40 Contract - If so, Name of Owner 41 Contract - If so, Name of Owner 40 Contrac	Due Date:	s:	То	County Supt	To OPI	l	
Route # Length of Route (miles per day) 12	County Name		County Number	District Nar	me		Legal Entity Number
Route # Length of Route (miles per day) 12	Flathead		15	Columbia	a Falls Pub Schls		0312 0313
12 26 Bus Route Mileage 72		Length of Rou				leage	
Vehicle I.D. # License # District Owned District Owned	12	26		Due Deur		age	72
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must march budget! Legal Entity 0312 Legal Entity 0313 Response of Preschool/Kindergarten pupils riding this route Respular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS We agree in supervision of this bus and bus route by the State Superintendent and County Tomonoconstent as a defined by 90 - 00 - 00 / MCA. We agree in supervision of this bus and bus route by the State Superintendent in make such reports to the State Superintendent and England Business and Engl		1	<u> </u>	1		District Own	
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Legal Entity 0313 Me 67.00 PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding (Grades PK-8) Number of Preschool/Kindergarten pupils riding (Grades PK-8) Regular (include eligible Preschool/Kindergarten riders) Ist Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Ineligible Public School Riders (i.e., under 3 miles OR norresident and no stendence agreement that would otherwise allow norresident riders to be eligible) (include ineligible Preschool/Kindergarten riders) Norpublic School Riders (ii.e., under 3 miles OR norresident and no stendence agreement that would otherwise allow norresident riders to be eligible) (include ineligible Preschool/Kindergarten riders) Norpublic School Riders (ii.e., under 3 miles OR norresident and not attendence agreement that would otherwise allow norresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 22-10-103, MCA. We also agree to refaria from soliciting or causing others to solicit students from other transportation as active equired; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a locaread, qualified and approved drive to operate such which as a required by 22-10-103, MCA. We also agree to refair from soliciting or causing others to solicit students from other transportation nates. We understand trust vehicles as the laws, rules or regulations governing school transportation was sufficient cause for withholding of state and county reimbursemen	Reimbursement Distribution- Er	nter the legal ent			y reimbursement to be p	aid to each dis	strict. Note: Percentages
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	·		Committee.			Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Flathead Columbia Falls Pub Schls 0312 0313 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 13 23.6 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 0598 1059 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Columbia Falls Pub Schls 0312 0313 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 19.4 78 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 6755 7901 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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County Name

Flathead

Vehicle I.D. #

Legal Entity

0316

100.00

Route #

0255

this route

1st Wheelchair (WC) 2nd Wheelchair (WC)

TOTAL RIDERS

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

1 copy School District School Year 2004 - 2005 receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 District Name Legal Entity Number County Number Creston Elementary 0316 Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 56 72 **Bus Route Mileage** License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 910 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

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Signature - Chair, County Transportation Committee	Date



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Cayuse Prairie Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2a 22 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Miles of Smiles Inc 2381 2761 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0317 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Flathead Cayuse Prairie Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 31.2 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Miles of Smiles Inc 6299 2760 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0317 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accorda receives state reimbursement e						
Due Dates All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Flathead		15	Cavuse F	Prairie Elementary		0317
Route #	Length of Route		Type of Ser	rvice Bus Route Mil		Rated Capacity
3	33.2		Bus Rout	□ Non Bus Milea te Mileage	age	72
Vehicle I.D. #	License #		☐ District Ow		Contractor C	· =
0145	2759			If so, Name of Owner Name If rate per mile	liles of Sm	iles Inc
Reimbursement Distribution- En	iter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0317	Legal Entity		tch budget! Legal Entity	,	Legal Entit	У
% 100.00	%		%		%	
PASSENGER INFORMATION	70		,,,		70	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY R (Grades PK-	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER	1	c a+b
Regular (include eligible Preschool/h	Kindergarten riders)	NOWBER		NOMBER		a + D
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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Signature - Chair, Board of Trustees				, ,	Date	
County 1 This Application for Registration area assigned to it by the Count	of School Bus and					
Signature - Chair, County Transporta					Date	



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Flathead Somers Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 10 34 84 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Treasure State Transit 7272 5933 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0327 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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All Routes		Octob	er 1	October 15	(\$1.80
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	Somers E	Elementary		0327
Route #	Length of Route		Type of Ser			Rated Capacity
9	45.6		Rue Pout	☐ Non Bus Milea e Mileage		84
Vehicle I.D. #	License #		☐ Dus Rout		Contractor C	
7074	5020			f so, Name of Owner		
7271	5930		□ Contracted	rate per mile		
Reimbursement Distribution- En	ter the legal entity		of state/county tch budget!	reimbursement to be pa	aid to each dist	trict. Note: Percentages
Legal Entity	Legal Entity		Legal Entity		Legal Entity	/
0327						
% 100.00 PASSENGER INFORMATION	%		%		%	
PASSENGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL I	RIDERS	TOTAL
Number of Preschool/Kindergard this route	ten pupils riding	(Grades PK-		(Grades 9-1	12)	ELIGIBLE RIDERS
una route		a		b		С
Regular (include eligible Preschool/k	(indergarten riders)	NUMBER		NUMBER	<u>t</u>	a + b
· · · · · · · · · · · · · · · · · · ·	anderganten nacis)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,	under 3 miles OR					
nonresident and no attendance agre otherwise allow nonresident riders to						
(Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wil						
County Transportation Committee. \ We agree to supervision of this be	us and bus route by t	he State Superintendent; to r	nake such report	ts to the State Superintende	ent and County S	uperintendent as are
required; to provide a vehicle which r Superintendent; and to provide a lice	meets the minimum sensed, qualified and a	tandards as established by the sproved driver to operate su	he Board of Publ ch vehicle as rec	ic Education, the Montana I Juired by 20-10-103. MCA.	Highway Patrol a	nd the State
We also agree to refrain from soli We understand that violations of	citing or causing other	ers to solicit students from oth	ner transportation	areas.	alding of atota ar	ed county roimburgoment for
this bus route.		0 0	•		· ·	•
We agree that if this route crosses the school boards of both districts sh					en Boards, 20-1	0-126(2) MCA, signed by
We understand route changes oc accordance with 20-10-132, MCA.	curring during the scl	nool year require the filing of	an amended TR	-1 form and approval of the	County Transpo	rtation Committee in
I certify that this application for r	•			•	•	
bus operates on the route as ap Signature - Chair, Board of Trustees	,	nin the transportation serv	vice area assig	ned by the County Trans	sportation Con Date	nmittee.
Signature Chair, Doubt of Frances					Jaio	
-	•	mmittee Approval as re	•		•	
This Application for Registration area assigned to it by the Count			as been reviev	ved and I certity that this	; bus operates	within the transportation
Signature - Chair, County Transporta					Date	

Signature - Chair, Board of Trustees	Date

Signature - Chair, County Transportation Committee Date	9



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Due Dates All Routes			ounty Supt ber 1	To OPI October 15	;	\$1.80	
County Name		County Number	District Nam	е		Legal Entity Number	
Flathead		15	Somers E	lementary		0327	
Route #	Length of Route		Type of Serv	vice □ Bus Route Mil		Rated Capacity	
8	28.2		Bus Route	□ Non Bus Milea e Mileage	age	84	
Vehicle I.D. #	License #		□ District Owr	ned C	Contractor C		
7276	5928			f so, Name of Owner ate per mile	reasure Sta	ate Transit	
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0327	Legal Entity		Legal Entity		Legal Entity	/	
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTA DV	DIDEDO.	1110110011001		TOTAL	
Number of Preschool/Kindergard this route	ten pupils riding	ELEMENTARY I (Grades PK	_	HIGH SCHOOL I (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		a NUMBEF	2	b NUMBER	2	c a + b	
Regular (include eligible Preschool/k	(indergarten riders)			-			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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This Application for Registration area assigned to it by the Count	of School Bus and y Transportation C				bus operates		
Signature - Chair, County Transporta	ation Committee				Date		



1 copy State Supt.1 copy County Supt.1 copy School District

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This form is required in accorda receives state reimbursement e					ne form for ea	ach bus route that	
Due Date : All Routes		To County Supt October 1			Rate Per Mile \$1.57		
County Name		County Number	District Nan	District Name		Legal Entity Number	
Flathead		15	Bigfork P	ublic Schools		0330 0331	
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mile		Rated Capacity	
15	30		Bus Rout	□ Non Bus Milea te Mileage	ige	71	
Vehicle I.D. #	License #		☐ District Ow	□ District Owned Contractor Own			
6890	3069		□ Contracted	If so, Name of Owner Cd rate per mile			
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	reimbursement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0330	Legal Entit		Legal Entity	,	Legal Entit	ity	
% 50.00	% 50	0.00	%		%		
PASSENGER INFORMATION	70 00		70				
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY I (Grades PK	_			TOTAL ELIGIBLE RIDERS	
		a NUMBER)	b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOWBER		NOMBER		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
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Signature - Chair, County Transport					Date		



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead **Bigfork Public Schools** 0330 0331 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 17 47 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Harlows School Bus Service 1697 4482 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0330 0331 50.00 % % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nar	ne		Legal Entity Number	
Flathead		15	15 Bigfork P			0330 0331	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mil Non Bus Milea		Rated Capacity	
12	47.3		Bus Rout	Bus Route Mileage		78	
Vehicle I.D. #	License #		□ District Ow	ned [If so, Name of Owner]	District Owned		
8689	1118			d rate per mile			
Reimbursement Distribution- En	ter the legal entity		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Enti	ty	Legal Entity	Legal Ent		ity	
0330	C	331					
% 50.00	% 50	0.00	%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding this route		RIDERS (-8)	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			₹	b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
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Signature - Chair, Board of Trustees				,	Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus ar						
Signature - Chair, County Transportation Committee Date							



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Date

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Whitefish Public Schools 0334 0335 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 80 72 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Rocky Mountain Transportation 7226 1990 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 0335 35.00 % % 65.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement		ortees of another legal enti					
Due Date	es:	To County Supt To OPI		To OPI	K	ate Per Mile	
All Route	es	Octobe	er 1	October 15	9	61.57	
County Name		County Number	District Nam	e		Legal Entity Number	
Flathead		15	Whitefish Public Schools			0334 0335	
Route #	Length of Route	(miles per day)	Type of Serv	vice □ Bus Route Mil		Rated Capacity	
2	59		Bus Route	□ Non Bus Mileage ute Mileage		71	
Vehicle I.D. #	License #		District Owr		Contractor O		
4747	2102		Contract - IfContracted		Rocky Moun	Rocky Mountain Transportation	
Reimbursement Distribution- E	Inter the legal entity	number and percentage o		reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity		Legal Entity	,	
0334	00	335					
% 65.00	% 35.	00	%		%		
PASSENGER INFORMATION	l _						
Number of Preschool/Kinderga	arten pupils riding	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		р		C	
Regular (include eligible Preschoo	l/Kindergarten riders)	NOMBER		NUMBER	<u> </u>	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	ed Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e nonresident and no attendance ag otherwise allow nonresident riders (Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible	reement that would to be eligible) ergarten riders)						
TOTAL RIDERS							
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Signature - Chair, Board of Trustee		iii iile iiansportation servi	ce area assigi	ied by the County Trans	Date Date	mmuee.	
0	Transportation	mmittoo Angreyel as re-	unirod in occ	ardanaa with Castier (0 10 122 860	^	
This Application for Registration	on of School Bus and						
area assigned to it by the Cou Signature - Chair, County Transpo		ommittee.			Date		



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Due Dates:				To County Supt To OP		F	Rate Per Mile	
All Routes				October 1			\$1.57	
County Name			County Number District Nam		ne		Legal Entity Number	
Flathead			15	Whitefish	Whitefish Public Schools		0334 0335	
Route #	Length	of Route (miles per day)	Type of Ser	rvice Bus Route Mil			
5	36			Bus Rout	□ Non Bus Mileage Bus Route Mileage 71			
Vehicle I.D. #	Lic	cense #			District Owned Contractor Owned			
1387	21	105			If so, Name of Owner I I rate per mile	Rocky Mour	ntain Transportation	
Reimbursement Distribution- Er	nter the le	egal entity		of state/county atch budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Le	egal Entity	,	Legal Entity	,	Legal Entit	у	
0334		03	35					
% 65.00		% 35.0	00	%		%		
PASSENGER INFORMATION			EL EMENTA DV	DIDEDO	111011 0011001	DIDEDO	TOTAL	
Number of Preschool/Kindergar this route	rten pupils	s riding	ELEMENTARY (Grades Pk	_	HIGH SCHOOL I (Grades 9-7		TOTAL ELIGIBLE RIDERS	
		-	a NUMBEF	2	b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kindergarte	en riders)		`		•		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS								
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This Application for Registration	n of School	ol Bus and	State Reimbursement		ordance with Section 2 wed and I certify that this			
area assigned to it by the Coun Signature - Chair, County Transport			ommittee.			Date		



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This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that		
		ŭ			ſ	Rate Per Mile		
Due Dates All Routes			To OPI October 15		\$1.57			
County Name		County Number	District Nan	ne		Legal Entity Number		
Flathead		15		Public Schools		0334 0335		
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mi Non Bus Mile		Rated Capacity		
10	35.4		Bus Rout	te Mileage	aye	71		
Vehicle I.D. #	License #		□ District Ow	rned (Contractor Owned			
8394	2110			If so, Name of Owner I I rate per mile	Name of Owner Rocky Mountain Transportation			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity	Legal Entity		atch budget! Legal Entity	1	Legal Entit	у		
0334		335			ŭ	,		
% 65.00	% 35	.00	%		%			
PASSENGER INFORMATION	7,3				, ,			
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER			
Regular (include eligible Preschool/h	Kindergarten riders)	NOWDER		NOWBE		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre								
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Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hareby cartify that this bug wi	ill aparata antiraly an	the route established by the	Doord of Truston	as and within the transports	tion area assign	and approved by the		
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify that ous and bus route by t	t this bus transports pupils of the State Superintendent; to	eligible for school to make such repor	transportation as defined by ts to the State Superintende	/ 20-10-101, MC. ent and County S	A. Superintendent as are		
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Signature - Chair, Board of Trustees	THICK GIEG GSSIY	nice by the county Hall	Date	minuto.				
Carmera	Franchartation O	ammittaa Annuaval	roquirod in acc	ordanaa with Saatiaa	20 40 422 840	· A		
This Application for Registration area assigned to it by the Count	of School Bus and		•		•			
Signature - Chair, County Transporta	ation Committee				Date			



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Flathead Whitefish Public Schools 0334 0335 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 13c 42 24 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Rocky Mountain Transportation 1494 4832 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates: All Routes		To County Supt To OPI October 1 October 15			Rat \$0.	e Per Mile .95	
County Name		County Number	District Nam	е	Le	egal Entity Number	
Flathead		15	Marion Flo	Marion Elementary		341	
Route # Length of Route			Type of Serv	rice Bus Route Milea	age Ra	ated Capacity	
40	45.7		Bus Route	□ Non Bus Mileag e Mileage	e 4	7	
Vehicle I.D. #	License #		□ District Owr	ned Co	Contractor Owned		
2827	1312		□ Contract - If□ Contracted	so, Name of Owner Fr	rye and Company		
Reimbursement Distribution- En	ter the legal entity		of state/county		d to each distric	t. Note: Percentages	
Legal Entity 0341	Legal Entity		Legal Entity	Legal Entity			
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV	- IDEBO	111011 0011001 01	DEDO	TOTAL	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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bus operates on the route as ap Signature - Chair, Board of Trustees		nin the transportation ser	vice area assigr		ortation Comm	ittee.	
orginature - Oriall, Duald Of Trustees					∟ai c		
County 1 This Application for Registration area assigned to it by the Count Signature - Chair, County Transports	of School Bus and y Transportation C	d State Reimbursement h				thin the transportation	



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	To County Sund			Rate Per Mile			
Due Dates All Routes			To County Supt October 1	To OPI October 15		\$0.95	
County Name		County Number	District Nam	ne		Legal Entity Number	
Flathead		15	Marion El	ementary		0341	
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mil	•	Rated Capacity	
35	57		Bus Route	□ Non Bus Milea e Mileage		42	
Vehicle I.D. #	License #		□ District Ow		Contractor Owned		
4601	1308			 □ Contract - If so, Name of Owner Komenda Ent Inc □ Contracted rate per mile 			
Reimbursement Distribution- En	ter the legal entity		entage of state/county ust match budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0341	Legal Entity		Legal Entity		Legal Entity	/	
% 100.00	%		%		%		
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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area assigned to it by the Count	y Transportation C				,		
Signature - Chair, County Transporta	ation Committee				Date		



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Olney-Bissell Elementary 0342 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1b 64.7 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Becker Bussing 5096 4501 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0342 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

Date

Signature - Chair, County Transportation Committee



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